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Notice to Readers

**Limited Supply of Meningococcal Conjugate Vaccine, Recommendation
to Defer Vaccination of Persons Aged 11–12 Years**

In January 2005, a tetravalent meningococcal polysaccharide-protein conjugate vaccine ([MCV4] Menactra®, manufactured by Sanofi Pasteur, Inc., Swiftwater, Pennsylvania), was licensed for use among persons aged 11–55 years. The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination with MCV4 of persons aged 11–12 years, of adolescents at high school entry (i.e., at approximately age 15 years) if not previously vaccinated with MCV4, and of college freshmen living in dormitories. Vaccination also is recommended for other persons at increased risk for meningococcal disease (i.e., military recruits, travelers to areas where meningococcal disease is hyperendemic or epidemic, microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*, persons with anatomic or functional asplenia, and persons with terminal complement deficiency) (1).

Sanofi Pasteur anticipates that MCV4 demand will outpace supply at least through summer 2006. CDC, in consultation with ACIP, the American Academy of Pediatrics, American Academy of Family Physicians, American College Health Association, and Society for Adolescent Medicine, recommends that providers continue to vaccinate adolescents at high school entry who have not previously received MCV4 and college freshmen living in dormitories. Current supply projections from Sanofi Pasteur suggest that enough MCV4 will be available to meet vaccine demand for these groups. Until further notice, administration of MCV4 to persons aged 11–12 years should be deferred. If possible, providers

should track persons aged 11–12 years for whom MCV4 has been deferred and recall them for vaccination when supply improves. Other persons at high risk for meningococcal disease (i.e., military recruits, travelers to areas where meningococcal disease is hyperendemic or epidemic, microbiologists who are routinely exposed to isolates of *N. meningitidis*, persons with anatomic or functional asplenia, and persons with terminal complement deficiency) also should be vaccinated. For vaccination of most persons, MCV4 is preferable to tetravalent meningococcal polysaccharide vaccine ([MPSV4] Menomune®-A,C,Y,W-135, manufactured by Sanofi Pasteur). MPSV4 is highly effective in preventing meningococcal disease caused by serogroups A, C, Y, and W-135 and is an acceptable alternative to MCV4, particularly in persons who have brief elevations in their risk for meningococcal disease (e.g., travelers to areas where meningococcal disease is hyperendemic or epidemic); however, availability of MPSV4 also is limited.

Periodic updates of vaccine supply will be available at <http://www.cdc.gov/nip/news/shortages/default.htm>. Providers who have questions about their orders may contact Sanofi Pasteur at 800-VACCINE (i.e., 822-2463) or via its Internet site at <http://www.vaccineshoppe.com>.

References

1. CDC. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(No. RR-7).

**Massachusetts Department of Public Health (MDPH)
Division of Epidemiology and Immunization**

MDPH urges providers to conserve existing inventories of both state-supplied and privately purchased MCV4 as outlined in this alert. Until further notice, providers should defer administration of MCV4 to persons 11–12 years of age. MDPH will adjust its allocations of state-supplied MCV4 accordingly.

The manufacturer anticipates that the supply of MCV4 will improve in the fall of 2006. However, an increase in MCV4 availability sufficient for vaccination of all of the recommended groups is not anticipated until 2008. If you have any questions, please contact the Division of Epidemiology and Immunization at 617-983-6800 or 888-656-2850.